

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement of \$30.00 for dates of service 03/20/01 and 05/22/01.
- b. The request was received on 02/05/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution dated 02/05/02
 - b. HCFA(s)
 - c. TWCC 62 forms
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60 and/or Response to a Request for Dispute Resolution dated 05/29/02
 - b. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 05/15/02. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on 05/15/02. The response from the insurance carrier was received in the Division on 05/29/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Medical Dispute is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor:

“For date of service 3/20/01 and 5/22/01 we billed CPT code 99080 (work status form) for \$15.00. The insurance carrier did not reimburse us at all for this work status form. We sent request for reconsideration and they have denied this again. This form was filled out by (DR) and sent to insurance carrier per TWCC guidelines.”

2. Respondent:

“(Carrier) received your request for additional information regarding the medical benefit dispute with (HCP). The dispute involves the requester’s failure to document and meet the requirements for a work status report. The total amount in dispute is \$30.00.”

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are 03/20/01 and 05/22/01.
2. The denial code on the EOB is “F-REDUCED IN ACCORDANCE WITH THE APPROPRIATE TWCC FEE GUIDELINE’S MAXIMUM ALLOWABLE REIMBURSEMENT. F-RULE 133.1 REQUIRES THE SUBMISSION OF LEGIBLE SUPPORTING DOCUMENTATION, THEREFORE, REIMBURSEMENT IS DENIED.”
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
03/20/01 05/22/01	99080	\$15.00 \$15.00	\$0.00 \$0.00	F F	\$15.00 \$15.00	TWCC Rule 129.5 (a) (2 - 4) 129.5 (i)(1)	According to Rule 129.5 (a) (2 – 4) defines “changes in activity restrictions”, “change in work status.” The medical documentation does not indicate there was a work status change, or any activity restrictions changes. The medical documentation states these were follow-up visits. On the follow-up visit on 03/20/01 states: this was a follow-up visit for a “status post EMG”. There is no indication in the submitted documentation of any changes in work status or activity restrictions. On the follow-up visit 05/22/01, the medical documentation indicates “Examination shows no evidence of any definite reflex changes...Neurovascular examination appears to be intact.” The HCFA also lacks the modifier –73 required by Rule 129.5 (i)(1). The documentation does not indicate any work status changes or activity restriction changes. Therefore, reimbursement is not recommended.
Totals		\$30.00	\$0.00				The Requestor is not entitled to reimbursement.

The above Findings and Decision are hereby issued this 3rd day of July 2002.

Michael Bucklin, LVN
Medical Dispute Resolution Officer
Medical Review Division

MB/mb

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers’ Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.